



Sports

22d Chemical repeats as volleyball champs

Story by
YVONNE JOHNSON
APG News

After a perfect season, the 22d Chemical Battalion (Technical Escort) eliminated Headquarters and Headquarters Company 16th Ordnance Battalion to claim its second consecutive intramural volleyball championship.

Led by coach Michael Brown, the team went undefeated throughout the regular season and the playoffs.

Brown said the unlikely achievement was due to “playing together and complimenting each others’ strengths and weaknesses,” as well as wanting a repeat in this, the players’ final season as a team.

“Repeating was definitely on our minds,” Brown said. “This was our last hurrah so we said ‘let’s finish strong with back-to-back wins.’ Everybody showed up and played well.”

He said that after the [U.S. Marine Corps Detachment] beat them in the finals in 2005, the team brought its “A-game” to every match after that.



Team members from the 22d Chemical Battalion volleyball team pose with the championship trophy after winning the intramural volleyball post championship. From left front row, Ellen Gilg, Pedro Rodriguez and April Miller; from left back row, Vince Cepero, Patrick Terrell, coach Michael Brown, Richard Davidson and Timothy Trimberger.

Brown thanked his first sergeant, Richard Davidson and battalion Command Sgt. Major Pedro Rodriguez, crediting them with packing a “one-two punch” and being the main

reason for the team’s success. Honorable mention went to Ellen Gilg, who he called “a great addition to the team and a great cheerleader on and off the court.”

Photo by DONNA COYNE, MWR
“My hat’s off to HHC 16th because they were the only team that gave us trouble,” Brown said. “I think they were the best team after us, but this was our year, and it was fantastic.”

TBI

From page 4

said. We don’t talk about sports mild TBI,” she said.

Helmick said that the center’s staff rigorously gathers statistics on how patients fare after TBIs. The military population may have an advantage.

“We know from the literature that the older you are and the more medical conditions that you have before you’re injured, the more this will impact recovery and ultimate outcome,” she said. “Because the military is young with very few medical conditions, they have better outcomes than the general population. You’re already starting physically sound and fit.”

Helmick recalled a recent e-mail she received from a severely brain injured patient she took care of five years ago.

“He’s in college now, taking courses, and he drives. He’s got some minor deficits, but he’s recovered nicely,” she said.

The difference between TBI and Post Traumatic Stress Disorder is a question the center addresses frequently.

“It’s impossible not to be changed by having gone to war,” Warden said. “Parsing out what parts of this are a stress reaction and what parts have to do with a previous concussion is difficult even in someone who does not have a full diagnosis.”

Both TBIs and PTSD share common symptoms -- difficulty concentrating, memory problems, irritability – but each has its own set as well. With a TBI, symptoms can also include headache, dizziness and balance problems. Someone with PTSD may have nightmares, re-experience traumatic events and have anxiety symptoms that get worse. A person with PTSD -- unlike a patient with a TBI -- remembers what happened.

“There’s no amnesia,” Helmick said. “That’s why they get stressed. They process everything.”

Another difference between the two is when the diagnosis is made. With a TBI, diagnosis is usually made when the person is first injured.

“You have some kind of change in your neurological status right there at the time of injury. It’s likely that you’ve sustained a concussion,” Helmick said. “Diagnosis is made at time of injury. Symptoms may or may not follow. They usually do.”

The good news, Helmick said, is the treatment for both a TBI and PTSD is the same. “You’re not going to do any harm if you rest them, give them adequate sleep, a good diet and have support,” she said. “Those are the three top things you do for both. In a sense we can get stuck in this, but the bottom line in taking care of the patient is that treatment ... is very similar.”